

STATE OF WYOMING)
) SS
COUNTY OF _____)

IN THE DISTRICT COURT
____ JUDICIAL DISTRICT

IN THE MATTER OF THE)
GUARDIANSHIP OF)
_____))
_____))
_____))
_____))
_____))
Minor child(ren).)

Probate No. _____

SUMMONS

To the Respondent: _____
Home Address: _____

Phone: _____
Employer Name & Address: _____

YOU ARE HEREBY SUMMONED and required to file with the Clerk and serve upon the Movant(s) an Answer to the *Motion to Terminate Guardianship* which is herewith served upon you, within 20 days after service of this Summons upon you, exclusive of the day of service. (If service upon you is made outside of the state of Wyoming, you are required to file and serve your answer to the *Motion to Terminate Guardianship* within 30 days after service of this Summons upon you, exclusive of the day of service). If you fail to do so, judgment by default will be taken against you for the relief demanded in the *Motion to Terminate Guardianship*.

Dated: _____, 20____.

(Seal of District Court)

Clerk of Court
By: _____
Deputy Clerk

(Print Movant's name and address)

STOP: SHERIFF WILL FILL THIS OUT (Attach to Summons)

RETURN

STATE OF WYOMING)
) ss
COUNTY OF _____)

TO BE USED BY WYOMING SHERIFF, UNDER
SHERIFF OR DEPUTY

I, _____, Sheriff in and for said County of _____, in the State aforesaid, do hereby certify that I received the within *Summons*, together with a copy of the *Motion to Terminate Guardianship*, filed in the above entitled matter, and that I served the same in the County aforesaid on the _____ day of _____, 20____ by delivering a copy of the same, together with a copy of the *Motion to Terminate Guardianship*, to: _____

By: _____
Sheriff
Deputy Sheriff

Sheriff's fees: Service, \$ _____; Return \$ _____
Mileage \$ _____; Total \$ _____

AFFIDAVIT OF SERVICE

STATE OF _____)
) ss
COUNTY OF _____)

TO BE USED BY A PERSON OTHER THAN WYOMING
SHERIFF, UNDER SHERIFF OR DEPUTY

_____, being first duly sworn, on oath deposes and says that s/he is over 18 years old and is not a party to the foregoing action or interested therein, and that s/he made service of said *Summons* in the County aforesaid on the _____ day of _____, 20____, by delivering a copy of the same, together with a copy of the *Motion to Terminate Guardianship*, to:

Name: _____

Address: _____

By: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notarial Officer

My Commission Expires: